

APHA Technical Report

Criteria for the Development of Health Promotion and Education Programs

Prepared by
An Ad Hoc Work Group of the
American Public Health Association

Currently, numerous organizations and agencies are engaged in, or expressing interest in, sponsoring health promotion/disease prevention programs for their members, clients, employees, or beneficiaries. These interests and activities have arisen in response to increasing evidence of an association between patterns of lifestyle and the health status of individuals and population groups, and associations between environmental and workplace hazards and the health and well-being of communities and workers.

The term "health promotion" denotes a wide variety of individual and community efforts to encourage or support health behavior and environmental improvement where these goals and objectives have been previously determined, usually on the basis of epidemiological data, to be important. It may involve educational, organizational, economic, and environmental interventions targeted toward specific lifestyle behaviors and environmental conditions that are harmful to health—e.g., smoking, alcohol and drug misuse, inadequate/inappropriate diet, sedentary patterns in activities of daily living, high stress levels, environmental conditions related to worksite exposure or the risk of personal injury from accidents, etc. The term "health education" refers to learning experiences designed to assist individuals, groups or communities in the voluntary control of their own health, as they define it.

This document presents a set of criteria intended to serve as guidelines for establishing the feasibility and/or the appropriateness of such programs in a variety of settings (industries, hospitals, worksites, voluntary and official health agencies, etc.) prior to a decision to implement.

The criteria have been developed by the American Public Health Association in collaboration with the Center for Health Promotion and Education of the Centers for Disease Control.

These criteria are not intended as prescriptions for assuring success of a health promotion program. Rather, they suggest the kinds of issues which should be considered in the decision-making process leading to the allocation of resources or the setting of health promotion program priorities.

In the field of health promotion programming, as in other arenas, there is no "one best way" to accomplish a specific health promotion goal which can be generalized across all sites or settings. It is essential that the form and the content of such programs be carefully tailored to meet client needs and demands within a specific context. Nevertheless, successful and responsible health promotion programs generally adhere to a common set of standards or criteria by which their form and content may be designed and implemented.

Each of the five criteria presented herein suggest a number of issues or questions which should be addressed during the decision-making process.

Criterion No. 1: A health promotion program should address one or more risk factors* which are carefully defined, measurable, modifiable, and prevalent among the members of a chosen target group, factors which constitute a threat to the health status and the quality of life of target group members.

Issue: How specifically can these risk factors be defined?

Issue: How prevalent is the selected risk factor within the chosen target population group(s)?

Issue: How may the incidence and prevalence of this risk factor be measured?

Issue: Is the risk factor amenable to change? Is it modifiable, or can its prevalence or incidence be reduced?

Issue: Would reduction in the risk factor improve the health status and/or quality of life of target group members?

Issue: Do the risk factors chosen as program emphases reflect the priorities and preferences of the target group(s) and the community as a whole?

Discussion

It is important to establish that a risk factor is indeed a problem and that something should be done about it within a particular population group. As is often the case, there are many groups for which there are multiple risk factors of importance to health status. Choosing among these for program emphasis is not an easy task. The *prevalence* of a risk factor relative to other factors among the target population is an important consideration. Many risk factors are so dramatic in their consequences, however, that it is not prevalence but fear of the occurrence of even a small number of cases of a particular disease or health condition that motivates initiative to support a health promotion program. Such is the case with such diseases as poliomyelitis and acquired immunodeficiency syndrome (AIDS). Moreover, many specific risk factors are inextricably connected with one or more other factors (as in the case of physical exercise pattern and dietary behavior), requiring so-called "multiple-factor intervention" for effective problem resolution. In such circumstances, it is necessary to determine whether specific target risk factors can be addressed at all without addressing others simultaneously.

Data on the prevalence of specific health conditions and risk factors can be obtained from local, state, and federal public health agencies, from vital records and demographic statistical reports from all levels of government, professional journals, from social surveys conducted for this purpose, and other sources. In some cases, with respect to specific risk factors, care should be taken in the interpretation of risk factor prevalence and incidence data where there might be systemic reasons for reporting bias, as in the case where workers would fail to report for fear of putting their jobs at risk. In such cases, special care may be required to assure confidentiality in the collection of primary data on risk factor prevalence.

*The term "risk factor" denotes an aspect of personal lifestyle behavior or environmental exposure which, on the basis of epidemiologic evidence or social survey data, is known to be associated with one or more diseases or health conditions considered important to prevent.

Criterion No. 2: A health promotion program should reflect a consideration of the special characteristics, needs, and preferences of its target group(s).

Issue: Can the size and composition of the population at "high risk"*** be described and defined?

Issue: Does the selected intervention reflect the priorities and preferences of the target group(s) and the community as a whole?

Issue: Are there primary and secondary target groups for the intervention program?

Issue: Are there special problems of access among the members of a particular group with respect to the proposed health promotion program?

Issue: Will special efforts be required to attract and sustain the participation of members of the target group(s) in the intervention program? If so, what efforts will be required?

Issue: Has the target group been sufficiently involved in the planning of the proposed intervention? What degree of involvement of the target group is needed?

Issue: Are there special political problems associated with the selection of a particular target group for this type of intervention by an organization considered to be "outside" the target group? Are there strong positive or negative public attitudes toward the intervention (such as with sex education or birth control programs)?

Discussion

In some cases, it is to be anticipated that program effects can be achieved among more than a single group, even though a particular group serves as the target. For example, both parents and students may be seen as targets of a school health education program. It is important to determine which group is the most appropriate for a particular intervention, as well as whether a specific target group is the most important group to select if the aim is to affect the incidence and/or prevalence of a specified lifestyle or personal risk factor in a given population.

An important consideration is whether the target group members can "get to" the proposed intervention program. This criterion includes problems of access, program acceptability, and affordability, as well as those which provide incentives to program participation. Those factors significantly associated with program access are related to physical location, time of day when offered, and language used for program content. Addressing such factors helps diminish any perception that a program is being "done to," rather than "offered with," a target group.

Among the special efforts sometimes required to ensure target group participation is an explicit consideration of the *process* through which the intervention is presumed to operate with respect to its target population. Health promotion program planning should consider behavioral change principles in concert with the needs and preferences of the target population.

Official sponsorship of the program by the target group should be considered in light of the special circumstances surrounding a chosen intervention and its implementation. In some circumstances, it may be unacceptable for an organization outside the target group to be seen as the official "sponsor" of the intervention. In these cases, it is preferable

for the outside organization to be seen as supportive of an indigenous group.

Criterion No. 3: Health promotion programs should include interventions which will clearly and effectively reduce a targeted risk factor and are appropriate for a particular setting.

Issue: What types of interventions are known to be most effective in dealing with the risk factors selected for program emphasis among populations similar to the chosen target group(s)?

Issue: What evidence supports these claims of effectiveness? Are there any related, carefully designed experimental studies or other types of potential program evaluations?

Issue: Does the available evidence document the effectiveness of the proposed intervention in similar settings and among similar target groups?

Issue: What is the nature of the proposed intervention? What are its critical elements? Must any part of the intervention be implemented under special circumstances or through certain sequential steps? What happens if only part of the intervention is carried out?

Issue: Based on previous experience, what is the degree of anticipated difficulty or ease of applying the proposed intervention?

Discussion

It is important to determine to what extent it is known that change or modification of a specific personal or environmental risk factor can actually "make a difference" in the prospective health status of those to whom the intervention is directed. It is equally important to establish the basis for assuming a relationship between the proposed intervention and the targeted risk factor. Is there a scientific basis for the proposed intervention? This suggests the importance of deciding what "rules of evidence" will be accepted for the establishment of a linkage between the intervention and the target risk factor. Since the available evidence is rarely so conclusive that the choice of an intervention is unquestionable, some rationale for the choice of program content is needed.

It is also important to determine that the nature of a proposed intervention program is an appropriate element for the sponsoring organization or group and that the proposed participants would accept this type of activity in this kind of setting.

Although they may have a health-specific intent and focus, many interventions are not ones requiring implementation in a health setting or requiring health personnel as providers/teachers/facilitators. Many health risk factors can be addressed by a wide variety of program activities which can be operated in various settings. In addition, many interventions simultaneously targeted to the same population may enhance the overall impact, since different "learning curves" are to be expected as a result of introducing various forms of education to target audiences. The additive impact of these programs often enhances the success of a given intervention effort. Where multiple intervention strategies are employed within the same target group (such as the North Karelia Project in Northern Finland or the Stanford Three-Communities Study in California), it is important to be aware of the difficulty of "disaggregating" the effects of one intervention from the effects of others in evaluating total program and individual component impact.

***Non-behavioral factors defining a population at "high risk" include, but are not limited to: age, sex, income, race, occupation, and residence.

Criterion No. 4: A health promotion program should identify and implement interventions which make optimum use of available resources.

Issue: What levels of organizational resources, including personnel, are required to implement (plan, initiate, maintain, and sustain) the health promotion program in the proposed setting?

Issue: What are the estimated (monetary and non-monetary) costs, benefits, and other effects of the proposed intervention?

Issue: Are there special funding requirements for planning implementation, and maintenance of the program in the proposed setting?

Issue: Are there existing community resources which might be used as part of the program initiative, thereby reducing initial resource requirements for the proposed program? What impact on program effectiveness would use of these resources have?

Discussion

It is important to determine whether the goals and objectives of the proposed health promotion program are consistent with the overall mission of the proposed organizational sponsor. Is the health promotion program seen as a mainstream (or core) program effort within the sponsoring organization? Will there be a mechanism for formal follow-up and referral with respect to specific (anticipated and/or unanticipated) effects and outcomes from the program?

It is important to estimate the reasonable levels of program impact (measured in terms of program objectives) which may be expected (per unit of invested program resources) when a program of this type is replicated with the proposed target group(s).

It is also important that organizations which sponsor health promotion programs give clear and strong management-level support throughout the program. Participants should know that their involvement in such health promotion activities is considered important by those in positions of authority.

Site selection is one of the most important considerations. It should be determined at the outset whether and to what extent the setting selected for implementation of a program presents any difficulties (in terms of rent, staff, attractiveness/accessibility to potential users, or other forms of support requirements) which implementation in another site might not require. Furthermore, it is important to determine whether the size of the proposed program (in relation to staff and number of participants) is likely to present special financial problems. For example, there may be ways in which unit costs (i.e., costs per participant or cost per unit of risk factor change) can be reduced by increasing the overall size of the population served.

Criterion No. 5: From the outset, a health promotion program should be organized, planned, and implemented in such a way that its operation and effects can be evaluated.

Issue: Are there baseline measures of the prevalence (current extent) and incidence (rate of occurrence) of the identified risk factors among members of the target group?

Issue: Is it possible to assure that careful records are kept in an objective manner throughout the program by which it will be possible to measure the extent of participa-

tion in the program by target group members when the intervention is completed?

Issue: Is it possible or feasible to randomly assign target group members to groups having different levels of exposure to the intervention program? If not, can a comparison group be found with a number of characteristics in common with the target participant group, but who will not be exposed to the program? Can this "comparison group" provide selected information relative to the risk factors selected for intervention within the target group?

Issue: Are there individuals or organizations with competency in program evaluation available to assist with the necessary evaluation tasks?

Issue: Is careful consideration given to evaluation expectations and requirements at the outset of the program? Can program objectives be defined in measurable terms before the program begins?

Discussion

Not every health promotion program needs to be evaluated. Occasionally, "success achieved elsewhere" can be our guide. However, a health promotion program that is designed so that it *can be* evaluated is more likely to be an effective program. This is true because the process of making certain that a program is implemented in a manner conducive to evaluation assures that its structure and operation are more orderly and predictable. It also assures that all participants will have a higher probability of receiving the same level of exposure to essential program components.

Evaluation can take many forms. It is not always necessary that program evaluation address the long-term *outcome effects* of a given program on the health status of its program participants. Evaluation is done for a number of reasons, including the basic managerial purpose of ensuring that the *process* of program implementation takes place as designed. In general, a balanced approach to evaluation will give emphasis to both process and outcomes in some way.

An important part of program evaluation is the effort to ascertain whether a program was received by participants in the form its sponsors intended. Such feedback information can have valuable implications for the day-to-day management of a health promotion program and can also facilitate mid-stream modifications in program operations that may enhance eventual outcome effects. Among such considerations are the effects of the way a program is delivered. Quite often it is the quality of program staff or leadership that accounts for program outcome effects.

Outcome evaluations are often more expensive and difficult to carry out in a scientifically credible way. However, in assuring that a program *could be evaluated* with respect to outcomes, it is necessary to specify clearly those changes the program seeks to accomplish, estimate how realistic these expectations are, and identify specific "indicators" of program success which are valid and meaningful to both program sponsors and participants. When a program is set up in such a way that achievement of its expected and intended effects can be determined, the program is more likely to operate in an efficient manner.

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SELECTED GENERAL REFERENCES

American Public Health Association, Project Task Force: *Model Standards: A Guide for Community Preventive Health Services*, 2nd Ed. Washington, DC: APHA, 1985.
Ciba Foundation: *The Value of Preventive Medicine*. London: Pitman, 1985.
Farquhar JW: Changing cardiovascular risk factors in entire communities: the Stanford three-community project. *Childhood Prev Atherosclerosis Hypertension* 1980; 335-440.
Fielding JE: *Corporate Health Management*. Reading: Addison-Wesley Publishing, 1984.
National Center for Health Statistics: *Health, United States, 1984*. DHHS Pub. No. (PHS) 85-1232, Public Health Services. Washington, DC: Govt

Printing Office, December 1984.

Parkinson RS: *Managing Health Promotion in the Workplace: Guidelines for Implementation and Evaluation*. Palo Alto: Mayfield Publishing, 1982.

Puska P: The North Karelia Project—an attempt at community prevention of cardiovascular disease. *WHO Chron* 1973; 27:55.

US Department of Health and Human Services: *Prevention '84/'85*. Office of Disease Prevention and Health Promotion, DHHS, Public Health Service. Washington, DC: Govt Printing Office, 1985; 474-512.

US Department of Health, Education, and Welfare: *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. DHEW (PHS) Pub. No. 79-55071, Public Health Service. Washington, DC: Govt Printing Office, 1979.

US Department of Health, Education, and Welfare: *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, Background Papers*. DHEW (PHS) Pub. No. 79-55071A, Public Health Service. Washington, DC: Govt Printing Office, 1979.

US Department of Health and Human Services. *Promoting Health/Preventing Disease: Objectives for the Nation*. Washington, DC: Govt Printing Office, Fall 1980.

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